CERTIFICATE OF ASSUMED BUSINESS NAME

| To | the SECRETARY OF STATE, | STATE OF | IDAHO GEC 16 11 32 M '96 |
|---|---|-------------------------|--|
| ac | loption of an Assumed Business | i, idano Cod S Name. | de, the undersigned gives notice of STATE STATE |
| 1. | The assumed business name business is: | which the u | ndersigned use(s) in the transaction of |
| | SP2DER | MAZNTE | , , , , , , |
| 2. The true name(s) and business address(es) of the entity or individual(s) doing business under the assumed business name is/are: | | | s) of the entity or individual(s) doing |
| | Name Brao Webb | | 105 BOTTLE BAY RO 93860 |
| 3. The general type of business transacted under the assumed business name is: (9) MAINTENANCE (Services) See categories on the reverse | | | |
| 4. The name and address to which correspondence should be addressed: **BRAD WEBB 105 130TILE BAY RD. SAGCE 20. 83800 " | | | |
| Signed 3 MM | | | |
| | to the company of | Ву | 13MAD WERR |
| | Capacity OLNER OPERATER | | |
| | Submit Certificate of Assumed Business Name and \$20.00 fee | to: | Customer# |
| 7 F | Secretary of State 700 West Jefferson PO Box 83720 Boise ID 83720-0080 | | Secretary of State use only IDAHO SECRETARY OF STATE DATE 12/16/1996 0900 47157 2 CK 4: 65475105 CUST# 73359 |
| | | • : *** | ASSUM NAME 10 20.00 20.00 |